

TRAVEL EXPENSE CLAIM

STD. 262 (REV 10/92)

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CLAIMANT'S NAME

Ronald L. Diedrich

SSAN OR EMPLOYEE NUMBER*

Employee number

DEPARTMENT

Department of General Services

POSITION

Director

CBID

Exempt

DIVISION OR BUREAU

Executive Office

INDEX NUMBER

RESIDENCE ADDRESS

Address on File

HEADQUARTERS ADDRESS

707 Third Street, 8th Floor

TELEPHONE NUMBER

916-376-5012

CITY STATE ZIP CODE

CA

CA

CITY

West Sacramento

STATE

CA

ZIP CODE

95605

(1) MONTH/YEAR

June 2010

[3]

LOCATION

WHERE EXPENSES
WERE INCURRED

(4)

LODGING

(5)

BREAK-
FAST

MEALS

LUNCH

(6)

O.T., LT.,
NVC, RELO.
OR
DINNER

(7)

INCIDENTALS

(A)

COST OF
TRANS

TRANSPORTATION

(B)

TYPE
USED
SC / PC

(C)

CARFARE
TOLLS
PARKING

(D)

PRIVATE CAR USE

MILES

AMOUNT

(8)

BUSINESS
EXPENSE

(9)

TOTAL
EXPENSES
FOR DAY

DATE TIME

06/14 5:00 Sacramento to West LA

PC, A

23

11.50

11.50

06/14 18:30 West LA to Sacramento

A, PC

9.00

23

11.50

20.50

SUBTOTALS

0.00

0.00

0.00

0.00

0.00

0.00

9.00

46.00

23.00

0.00

32.00

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$32.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

6/14 - Trip to West Los Angeles to attend the opening of the new West LA Veterans Home

(12) NORMAL WORK HOURS

8:00 - 5:00

(13) PRIVATE VEHICLE LICENSE NUMBER

3SUA178

(14) MILEAGE RATE CLAIMED

\$0.50

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

06-21-2010

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

8/23/10

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES

(See Item 17 on reverse)